

SECOND REGULAR SESSION  
SENATE COMMITTEE SUBSTITUTE FOR  
HOUSE COMMITTEE SUBSTITUTE FOR  
**HOUSE BILL NO. 1134**  
**96TH GENERAL ASSEMBLY**

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Reported from the Committee on Small Business, Insurance and Industry, May 17, 2012, with recommendation that the Senate Committee Substitute do pass.

4212S.03C

TERRY L. SPIELER, Secretary.

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**AN ACT**

To amend chapter 376, RSMo, by adding thereto two new sections relating to insurance coverage for health care services.

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*Be it enacted by the General Assembly of the State of Missouri, as follows:*

Section A. Chapter 376, RSMo, is amended by adding thereto two new sections, to be known as sections 376.1227 and 376.1235, to read as follows:

**376.1227. 1. No contract between a health carrier or health benefit plan and an optometrist for the provision of optometric services under a vision plan shall require that the optometrist provide optometric services to insureds in the vision plan at a fee established by the health carrier or health benefit plan if such optometric services are not covered services under the vision plan.**

**2. For purposes of this section, the following terms shall mean:**

**(1) "Covered services", services reimbursable by a health carrier or health benefit plan under an applicable vision plan, subject to such contractual limitations on benefits as may apply, including but not limited to deductibles, waiting periods, or frequency limitations;**

**(2) "Health benefit plan", the same meaning as such term is defined in section 376.1350;**

**(3) "Health carrier", the same meaning as such term is defined in section 376.1350;**

**(4) "Vision plan", any policy or contract of insurance which provides for coverage of vision care services.**

**376.1235. A health benefit plan or health carrier, as defined in section 376.1350, including but not limited to preferred provider**

3 organizations, independent physicians associations, third-party  
4 administrators, or any entity that contracts with licensed health care  
5 providers shall not impose any copayment that exceeds fifty percent of  
6 the total cost of providing any single physical therapy service to its  
7 enrollees.

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